

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2020121    DECEMBER 1, 2020

## Pharmacy updates approved by Drug Utilization Review Board November 2020

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, Preferred Drug List (PDL), the Over-the-Counter (OTC) Drug Formulary, and the Pharmacy Supplements Formulary as approved by the Drug Utilization Review (DUR) Board at its November 20, 2020, meeting. These updates apply to the fee-for-service (FFS) pharmacy benefit.

### SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Antiseizure Agents, Antipsychotic Agents, SSRI/SNRI Duplicate Therapy PA, Targeted Immunomodulators, Opiate Overutilization, and Monoclonal Antibodies for the Treatment of Respiratory Conditions. These PA changes will be effective for PA requests submitted on or after January 1, 2021, except for the Antipsychotic Agents which will be effective on or after April 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).



### PA changes

PA criteria for the Narcolepsy Agents, Growth Hormone, Muscular Dystrophy Agents, Cystic Fibrosis, Hepatitis C Agents, Misc. Step Therapy, and Step Therapy NSAIDs were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after January 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at [in.gov/Medicaid/providers](http://in.gov/Medicaid/providers).

### Mental health utilization edit

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved the update to the utilization edit listed in Table 1. This update is effective for dates of service (DOS) on or after January 1, 2021.

*Table 1 – Update to utilization edit, effective for DOS on or after January 1, 2021*

<b>Name and strength of medication</b>	<b>Utilization edit</b>
Xywav Solution	Age 7 years and older; 9 grams/day

**Changes to the PDL**

PDL changes approved by the DUR Board are listed in Table 2. Changes are effective for DOS on or after January 1, 2021.

*Table 2 – PDL changes, effective for DOS on or after January 1, 2021*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Antiseizure Agents	Nayzilam	Nonpreferred (previously preferred)
	Valtoco	Preferred (previously nonpreferred)
	Neurontin tab/cap	Preferred (previously nonpreferred)
	Gabitril	Preferred (previously nonpreferred)
	Felbatol	Preferred (previously nonpreferred)
	Depakote sprinkle	Preferred (previously nonpreferred)
	Divalproex sprinkle	Nonpreferred (previously preferred)
	Tegretol XR and suspension	Preferred (previously nonpreferred)
	Carbamazepine XR and suspension	Nonpreferred (previously preferred); grandfather current utilizers
	Lamictal chew	Preferred (previously nonpreferred)
Antiemetic/Antivertigo Agents	Lamotrigine chew	Nonpreferred (previously preferred)
	Topamax	Preferred (previously nonpreferred)
	Bonjesta	Preferred (previously nonpreferred); maintain quantity limit
	Dicelgis	Nonpreferred (previously preferred); maintain quantity limit
	Cinvanti	Nonpreferred (previously preferred); maintain quantity limit
	Fosaprepitant vials	Preferred (previously nonpreferred); add quantity limit of 2 vials/Rx
Narcotics	Nucynta	Preferred (previously nonpreferred)
Acne Agents	Isotretinoin caps	Nonpreferred (previously preferred)
	Myorisan	Nonpreferred (previously preferred)
	Clindamycin foam	Nonpreferred (previously preferred)
	Panoxyl wash	Preferred (previously nonpreferred)
Antipsoriatics	Wynzora	Nonpreferred
DPP4 Inhibitor and Combination Agents	Jentaduetto XR	Preferred (previously nonpreferred); update step therapy to the following: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>
	Kazano	Preferred (previously nonpreferred); update step therapy to the following: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>
GLP-1 Receptor Agonists and Combinations	Trulicity	Preferred (previously nonpreferred); update quantity limit to one injection per week (1.5mg, 3mg, or 4.5mg)
	Tanzeum	Remove from the PDL

Table 2 – PDL changes, effective for DOS on or after January 1, 2021 (Continued)

Drug class	Drug	PDL status
Growth Hormone	Omnitrope	Nonpreferred (previously preferred)
	Norditropin	Preferred (previously nonpreferred)
	Sogroyo	Nonpreferred
Insulins Intermediate Acting	Insulin lispro protamine/ insulin lispro Kwikpen	Preferred (previously nonpreferred)
Insulins Long Acting	Semglee	Nonpreferred
<i>H. Pylori</i> Agents	Helidac	Nonpreferred
Laxatives and Cathartics	Pizensy	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> <li>ST – requires trial of Amitiza and Linzess OR lactulose, sorbitol or polyethylene glycol within past 90 day and medical justification for use over preferred agents</li> </ul>
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	Vesicare LS	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> <li>Member must be 2 to 17 years of age or unable to swallow tablets</li> </ul>
Leukocyte Stimulants	Nyvepria	Will add to preferred or nonpreferred based upon financial information when available
	Nivestym	Preferred (previously nonpreferred)
	Neupogen	Nonpreferred (previously preferred)
Targeted Immunomodulators	Avsola	Preferred (previously nonpreferred)
	Olumiant	Nonpreferred (previously preferred)
	Cosentyx	Nonpreferred (previously preferred)
	Enspryng	Nonpreferred
	Taltz	Preferred (previously nonpreferred)
	Actemra	Preferred (previously nonpreferred)
Topical Antiparasitics	Xeglyze	Nonpreferred
	Sklice	Remove from the PDL

### Changes to the Over-the-Counter (OTC) Drug Formulary

Changes to the OTC Drug Formulary approved by the DUR Board are listed in Table 3. Changes are effective for DOS on or after January 1, 2021.

Table 3 – OTC Drug Formulary changes, effective for DOS on or after January 1, 2021

Drug category	Drug	Status/criteria
Analgesics	Ibuprofen 100 mg chew	Covered; age 2 to 17 years
	ASA/APAP/caffeine	Covered; age 12 years and older; quantity limit of 80 tabs/30 days
Cough and Cold Products	Guaifenesin ER 600 mg tab	Covered; age 12 years and older
	Codeine/guaifenesin (10–100 mg/5 ml) liquid/syrup/solution	Covered; age 18 years and older; quantity limit of 6 oz/Rx; Opiate Overutilization PA Criteria
Motion Sickness Products	Dramamine 50 mg chew	Covered

Table 3 – OTC Drug Formulary changes, effective for DOS on or after January 1, 2021 (Continued)

Drug category	Drug	Status/criteria
Non-Sedating Antihistamines	Allegra 30 mg/5 mL suspension	Not Covered
Topical Products	Tolnaftate 1% powder/spray/cream	Covered
	Miconazole 2% powder/spray	Covered
	Terbinafine 1% cream	Covered

### Changes to the Pharmacy Supplements Formulary

Changes to the Pharmacy Supplements Formulary approved by the DUR Board are listed in Table 4. Changes are effective for DOS on or after January 1, 2021.

Table 4 – Pharmacy Supplements Formulary changes, effective for DOS on or after January 1, 2021

Drug category	Drug	Status/criteria
Vitamins	Vitamin D 50 mcg (2,000 units) caps/tabs	Covered
	Vitamin D 125 mcg (5,000 units) caps/tabs	Covered

### For more information

The SilentAuth criteria, PA criteria, mental health utilization edits, PDL, OTC Drug Formulary, and Pharmacy Supplements Formulary can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at [in.gov/fssa](http://in.gov/fssa). Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS PA requests and questions about the FFS PDL or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled.

### TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

